## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together w

applicable fee(s), to: Mail

Mail Stop ISSU FEE
Commissioner for Patents
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or Fax

INSTRUCTIONS: This for appropriate. All further corindicated unless corrected to maintenance fee notification	below or directed otherwise	mitting the ISSUI atent, advance ord in Block I, by (a)	E FEE and I ders and noting specifying a	fication of maintenance fees a new correspondence address	will be mailed to the current s; and/or (b) indicating a sep	corresponded PARCE as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  25944 7590 10/05/2005				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
OLIFF & BERRIDGE, PLC P.O. BOX 19928 ALEXANDRIA, VA 22320 01/06/2006 MBEYENE2 00000025 10790214				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
)1\AP\SAAP HREIEWES AA	000023 10730214					(Depositor's name)	
)1 FC:1501					(Signature)		
)2 FC:1504	300.00 OP				•	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED IN		INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/790,214	03/02/2004	Masanobu			118888	1035	
		EM, PROJECTOR		•	E MEDIUM AND IMAGE P	ROCESSING METHOD	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	01/05/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
CRUZ, MAGDA		2851		353-069000	_		
CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 c Number is required.  3. ASSIGNEE NAME AND	ion (or "Fee Address" Indicator more recent) attached. Use	iorrespondence ion form of a Customer PRINTED ON T	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
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4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):							
<u>_</u>				` '	e amount of the fee(s) is enclosed. (Check No. 174890 \$1700)		
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_	(from status indicated above) MALL ENTITY status. See 3'		_		ALL ENTITY status. See 37 C		
The Director of the USPTO in NOTE: The Issue Fee and Pu		Fee and Publicati	on Fee (if any		ly paid issue fee to the applications agent; or the state of the state	(0) ( )	
Authorized Signature		5		Date_Jar	nuary 5, 2006		
Typed or printed name Linda M. Saltiel				Registration No. 51,122			
This collection of information an application. Confidentialists be submitting the completed applies form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313-	n is required by 37 CFR 1.31 ty is governed by 35 U.S.C. plication form to the USPTO for reducing this burden, sho nication of the burden of the short 1450	1. The information 122 and 37 CFR 1 Time will vary could be sent to the END FEES OR CO	n is required to 14. This coll depending up Chief Inform OMPLETED	o obtain or retain a benefit by lection is estimated to take 12 on the individual case. Any c lation Officer, U.S. Patent and FORMS TO THIS ADDRES	the public which is to file (an minutes to complete, includir omments on the amount of ti I Trademark Office, U.S. Dep S. SEND TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

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